SEP 0 2 2005

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FEE TRANSMITTAL FOR FY 2005    Application claims small enably status. Sea 37 CFR 1.27   TOTAL ANGUNT OF PAYMENT   (\$) 250.00   Attorney Docket No.   DOF 1484     METHOD OF PAYMENT (check all that apphy)   Attorney Docket No.   DOF 1484     METHOD OF PAYMENT (check all that apphy)   Check   Credit Card   Money Order   None   Docket No.   DOF 1484     METHOD OF PAYMENT (check all that apphy)   Deposit Account None   Docket No.   DOF 1484     METHOD OF PAYMENT (check all that apphy)   Chearge free(s) indicated below   Docket No.   DOF 1484     METHOD OF PAYMENT (check all that apphy)   Chearge free(s) indicated below   Charge free(s) indicated below, except for the filing free   Charge free(s) indicated below, except for the filing free   Charge free(s) indicated below, except for the filing free   Charge free(s) indicated below, except for the filing free   Charge free(s) indicated below, except for the filing free   Charge free(s) indicated below, except for the filing free   Charge free(s) indicated below, except for the filing free   Charge free(s) indicated below, except for the filing free   Charge free(s) indicated below, except for the filing free   Charge free(s) indicated below, except for the filing free   Charge free(s) indicated below, except for the filing free   Charge free(s) indicated below, except for the filing free   Charge free(s) indicated below, except for the filing free   Charge free(s) indicated below, except for the filing free   Charge free(s) indicated below, except for the filing free   Charge free(s) indicated below, except for the filing free   Charge free(s) indicated below, except for the filing free   Charge free(s) indicated below, except for the filing free   Charge free(s)   Charge	Erms nursuant to #	Complete If Known									
First Named Inventor   Kenneth A. Franken	1		Number   09/881,172		2						
Examiner Name   P. Ke   Art Unit   2174   Art	FEE	Filing Date February 8, 2001									
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Check   Credit Card   Money Order   None   Other (please identify):	TOTAL AMOUNT	Attorney Dock	et No. 0	00F1464							
Deposit Account Deposit Account Number:  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below  Charge fee(s) indicated below.  Charge fee(s) indicated below.  Charge fee(s) indicated below.  Charge fee(s) indicated below. except for the filling fee  Under 37 CFR 1.16 and 1.17  WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  SEARCH FEES  SMAILENTITY  Application Type Fee (3) Fee (5) Fee (5	METHOD OF PAYMENT (check all that apply)										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apphy)    Charge fee(s) indicated below	Check Credit Card Money Order None Other (please identify):										
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2. EXCESS CLAIM FEES Fee Description  Rach claim over 20 (including Reissues)  Each independent claims over 3 (including Reissues)  Multiple dependent claims  Total Claims  Total Claims  Extra Claims Fee (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims Fee (\$)  HP = highest number of Independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the speci fication and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$2.50 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets Number of each additional 50 or fraction thereof.  A. OTHER FEE(\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): NOTICE OF APPEAL  Registration No.  (Alterney/Agent) 31,681  Telephone 319-887-1368	Reissue	300	150	500	250	600	300	-			
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Bach claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the speci fication and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$2.50 (\$1.25 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.5(s).  Total Sheets  Fee (\$) Fee Paid (\$)  Number of each additionals 50 or fraction thereof.  Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Number of each additionals 50 or fraction thereof.  Fee (\$) Fee Paid (\$)  Fee Paid (\$)	P (8)										
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Indep. Claims  - 3 or HP = A x  HP = highest number of Independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the speci fication and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  - 100 = /50 = (round up to a whole number) x  - 4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): NOTICE OF APPEAL  Registration No. (Altorney/Agent) 31,681  Telephone 319-887-1368				<u> </u>	<del></del>		Fe	<u>e (5)</u>	Fee Paid (\$)		
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the speci fication and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  100 = /50 = (round up to a whole number) x  Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): NOTICE OF APPEAL  Registration No. (Attorney/Agent): 31,681  Telephone 319-887-1368					Ps(d_(5)						
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